		·		Application or Docket Number								
• "	PATENT	APPLICATIO Effect	RD		091	93	37,79	40				
CLAIMS AS FILED - PART I							SMA	ALL E	NTITY		OTHER	THAN
	NTAL OLANIC		(Column 1) (C			olumn 2)		E [OR	SMALL	-
TOTAL CLAIMS							R	ATE	FEE		RATE	FEE
FOR .			NUMBER	FILED	NUMB	BAS	IC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			_3 9 minus 20=		* 19		×	\$ 9=	171	OR	X\$18=	
INC	EPENDENT CL	AIMS	3 mi	nus 3 =	*		×	X42=		OR	X84=	
ML	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT				-	40=	1110	OR	+280=	
* 11	the difference	in column 1 is	ess than zero, enter "0" in column 2				<u> </u>	TAL	140	OR	TOTAL	
CLAIMS AS AMENDED - PART II									011	1011	OTHER	THAN
-	(Column 1) (Column 2)						SM	IALL	ENTITY	OR	SMALL	
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	90	Minus	₩ 3	9	-51	X	9=	459	OR	X\$18=	
AME	Independent	NTATION OF MI	Minus	***	<u>ろ</u>		×	42=		OR	X84=	, ,
	, inst Phese	NIATION OF MC	JUIPLE DEF	ENDEN	CLAIM		+1	40=	1	OR	+280=	
							TOTAL	 		TOTAL		
	(Column 1) (Column 2) (Column 3)							T. FEE		.	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BÉR OUSLY	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.90	Minus	<u>** 7</u>	-1	=·	X	9=		OR	X\$18=	
	Independent	NTATION OF ML	Minus	***	3	= -	X	42=		OR	X84=	
<u> </u>	THO THESE	INTACION OF INC	ILTIPLE DEP	ENDEN	CLAIM		+1	40=		OR	+280=	
								TOTAL	 		TOTAL	
		(Column 1)		(Colu	mo 2)	(Caluma 3)	ADDI	T. FEE	L	1 0()	ADDIT. FEE	
ပ	2270086	CLAIMS		(Colur	EST	(Column 3)			ADD!	1 1		100
AMENDMENT		REMAINING AFTER AMENDMENT	1	NUM PREVIO PAID	DUSLY	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL . FEE
	Total	*	Minus	**		=	XS	9=		OR	X\$18≐	
AME	Independent	*	Minus	***		=	X	12=			X84=	
Ľ.	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM					OR		
* If the entry in column 1 is less than the entry in column 2, write '0' in column 3.										OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OPTION OF TOTAL ADDIT. FEE												
	The "Highest Nurr	nber Previously Pai	id For" (Total o	r Independ	ent) is the	highest number	r found in	the ap	propriate bo.	x in col	սու 1.	

FORM PTO-875 (Rev. 8/01)

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